

45th 4/07/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
ID PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445156

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

02/19/2013

NAME OF PROVIDER OR SUPPLIER

LAUREL MANOR HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

902 BUCHANAN RD

NEW TAZEWEEL, TN 37825

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 029
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the facility failed to maintain the one hour rated construction in hazardous areas.

The findings include:

Observation on February 19, 2013 at 11:00 a.m. revealed boiler room and sprinkler riser room had penetrations in the ceiling.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on February 19, 2013.

K 045
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8

K 029 D

The penetration in the boiler room has been Sealed to meet the NFPA 101 standard.

No other penetrations in hazardous areas Were found in the building.

Monthly Review and audit of all hazardous Areas will be inspected by Maintenance Director to insure integrity of walls is in Compliance with NFPA 101 Life Safety Code Standard.

Maintenance will provide a report to address Compliance with NFPA 101 Life Safety Codes Monthly at the Facility QA meeting, attended By the facility Administrator, Director of Nursing, Dietary Manager, and other QA Committee Members. March 21, 2013

K 045

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445156

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

02/19/2013

NAME OF PROVIDER OR SUPPLIER

LAUREL MANOR HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

902 BUCHANAN RD
NEW TAZEVELL, TN 37825

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 045 Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the
facility failed to provide egress lighting for all
exits.

The findings include:

Observation on February 19, 2013 at 11:20 a.m. it
was revealed that the facility did not have
required emergency lighting at all exit discharges
to the public way.

This finding was verified by the maintenance
director and acknowledged by the administrator
during the exit conference on February 19, 2013.

K 067 NFPA 101 LIFE SAFETY CODE STANDARD

SS=F

Heating, ventilating, and air conditioning comply
with the provisions of section 9.2 and are installed
in accordance with the manufacturer's
specifications. 19.5.2.1, 9.2, NFPA 90A,
19.5.2.2

This STANDARD is not met as evidenced by:
Based on observation and interview, it was
determined that the facility failed to install and
maintain their heating, ventilating, and air
conditioning (HVAC).

The findings include:

Observation and interview on February 19, 2013

K 045 D

Emergency Lighting has been installed
at all exits to the public way, to meet the
NFPA 101 requirements of the standard.

No other areas identified.

Emergency lighting at all exits will be
Tested monthly by the Maintenance
Director for compliance.

Results of monthly Emergency exit lighting tests
Will be reported by Maintenance Director during
the monthly QA Committee meeting that is attended by
The facility Administrator, Director of Nursing,
Director of Maintenance, Medical Director, and
Other members of the QA committee.

3-21-2013

MAR 11 2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445156	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2013
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NAME OF PROVIDER OR SUPPLIER AUREL MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD NEW TAZEWEEL, TN 37825
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 067 Continued From page 2
at 2:45 p.m. revealed that supply and return air
for the HVAC unit did not have fire dampers
installed in the one (1) hour fire rated ceiling.

K 147
SS=D This finding was verified by the maintenance
director and acknowledged by the administrator
during the exit conference on February 19, 2013.
NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance
with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the
facility failed to install electrical devices properly
in oxygen storage locations.

The findings include:

Observation on February 19, 2013 at 11:45 a.m.
revealed that the oxygen storage room greater
than 300 cubic feet of oxygen had electrical
outlets and light switches installed below 5 feet
from the floor.

This finding was verified by the maintenance
director and acknowledged by the administrator
during the exit conference on February 19, 2013.

K 067 F
Required Dampers will be installed
In the HVAC system to meet the
Requirements of NFPA 101 Life
Safety Code standard.

All other Air supply and return air
components of the HVAC system
For 1 hour fire rated ceilings will be
Checked for compliance and
addressed as needed to assure compliance.

All Dampers will be installed and
Maintained by a Qualified outside
Contractor as required in NFPA
101 Life Safety Code Standards.
Maintenance Director will schedule
Outside Contractor inspections/Maintenance.

NFPA 101 standard compliance will
Be discussed Monthly at the facility
QA meeting that is attended by the
Facility administrator, Director of
Nursing, Medical Director, Maintenance
Director and other members of the
Committee. 3-21-2013

F 147 D
Oxygen and Oxygen supplies have been
Moved to a secure area that meets the
Requirements of NFPA 70 National Electrical
Code 9.1.2.

No other storage areas identified.

Oxygen storage will be checked
Weekly by nursing department, supervised
By the Director of Nursing for compliance.

Safe oxygen storage will be discussed
Monthly in the facility QA meeting that is
Attended by the facility Administrator,
Director of Nursing, Maintenance Director,
Risk manager, and other QA committee members.

MAR 11 2013
3-21-2013